

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N336051

1. Corporation Name

ROYAL RIDGE ASSOCIATION, INC.
A.K.A. COVENTRY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3200 N. University Drive #210
Coral Springs, FL 33065

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3200 N. University Drive

3. New Mailing Office Address, If Applicable

3200 N. University DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 210

Suite 210

City & State

City & State

Coral Springs, FL

Coral Springs, FL

Zip

Zip

33065

33065

Country

U.S.A.

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

August 9, 1989

5. FEI Number

65-03261113

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	Ray Viens	9158 N.W. 41 Manor	Coral Springs, FL 33065
DVP	Reginald E. Wortham	9208 N.W. 41 Manor	Coral Springs, FL 33065
DS	David Argent	9103 N.W. 43 Court	Coral Springs, FL 33065
DT	Lori Rogers	4263 N.W. 90 Terrace	Coral Springs, FL 33065
D	Hugo Bendersky	9245 N.W. 41 Manor	Coral Springs, FL 33065

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

John C. Whittle, Integrity Prop. Mgmt.

Street Address (P.O. Box Number is Not Acceptable)

3200 N. University Drive #210

Suite, Apt. #, Etc.

Suite 210

City

Coral Springs

State

FL

Zip Code

33065

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/4/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/4/97

954-344-1177

FILED

97 DEC -8 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT

CP25040 (1-2-95)